

*Syrup Hydriodic Acid*  
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COMPLIMENTS OF R. W. GARDNER.

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# —SYRUP—

# HYDRIODIC ACID.

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LATER NOTES OF TREATMENT IN ACUTE INFLAMMATORY  
RHEUMATISM, LUPUS, CHRONIC BRONCHITIS,  
CHRONIC MALARIAL POISONING, ETC.

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CHEMICALLY PURE

## Hypophosphites in Phthisis.

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RECENT EXPERIENCES OF AMERICAN PHYSICIANS WHO  
HAVE FOLLOWED CHURCHILL'S METHODS.

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FOURTH EDITION, JANUARY, 1886.

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—(SUPPLEMENTARY.)—



## · TO THE MEDICAL PROFESSION.

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The accompanying notes have been gathered and published in fulfilment of the intention made known to you on the last page of the Third Edition of this pamphlet, issued November, 1884.

In that edition, I requested details of cases treated, that I might be able to lay before the medical profession convincing facts, regarding the importance of using great discrimination and care in the **selection** and **use** of Hypophosphites in Phthisis.

My object being to demonstrate the great advantage of strictly conforming to Dr. Churchill's methods, I would respectfully urge medical gentlemen to make known their experience in following them.

The terrible death rate from this disease renders it unnecessary that I should apologize for making this request, and I am sure that my efforts will be appreciated by all conscientious physicians.

The results of such treatment may be sent to any medical journal, or, if sent to myself, will be cheerfully published for the general information of the profession.

Later details showing the therapeutic value of Syrup Hydriodic Acid are also added.

As will be seen, this (the fourth) edition is simply supplementary to the third. For the information of those who have not seen the third edition, I would say that it gives notes of cases of hay fever, lead poisoning, acute rheumatism, asthma, bronchitis, adenitis, eczema, etc., successfully treated with **Syrup Hydriodic Acid**, also, **Churchill's Method of using the Hypophosphites in Phthisis**; therapeutic results observed in seventy-nine cases, treated by him; Dr. Churchill's summary of argument upon theory of tuberculosis; mode and rules of action of the hypophosphites; indications for the use of the several salts; contra-indicated remedies, etc.

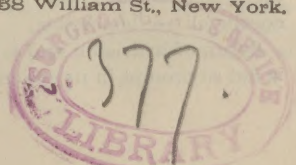
This will be mailed to any physician indicating a desire for it, free of charge, upon application to the undersigned.

Respectfully,

R. W. GARDNER,

158 William St., New York.

JANUARY 1. 1886.





# NOTES OF SIXTEEN CASES ACUTE RHEUMATISM,

TREATED BY GARDNER'S SYRUP HYDRIODIC ACID.

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"SYR. HYDRIODIC ACID IN ACUTE INFLAMMATORY RHEUMATISM.

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By JAMES CRAIG, M.D., Jersey City, N. J.

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In an article appearing in the *New York Medical Record*, April 21, 1883, I speak of the manner in which I was led to the use of this syrup in cases of acute inflammatory rheumatism. The object of the present article is not merely to reiterate what was said in that publication, but to emphasize my entire faith in the efficacy of this treatment by the citation of cases of cure, and the statement that I have yet to find a case in which, the syrup being properly used, it has failed to meet my expectations.

Since the publication of my first article this method of treatment has been employed by a number of physicians with success, shortening the duration of the disease, relieving pain, reducing temperature, and in all cases leaving the patient without heart complications, the remedy preventing exudation and organization of plastic material. I order the syrup in from two to three teaspoonful doses, in a wineglass of water, every two hours, lessening the dose as improvement takes place, and continuing the syrup for about a week or ten days after the symptoms have disappeared, to insure recovery and prevent relapse.

The old method of treatment by the use of bicarbonate of potassium is slow, and its continued use brings about a depraved condition of the system by reducing the amount of fibrin in the blood and destroying the red corpuscles. It also acts as an irritant to the stomach, injuring the mucous membrane and causing loss of appetite. The depraved condition of the blood can be seen in the pale face, pallor of the lips, and enfeebled action of the heart, requiring weeks for the patient to recover from the disease and its treatment. Salicylic acid has had its day and has been found wanting, being replaced by some with oil of gaultheria—salicylic acid in another form.

This acid, from its difficult solubility, allows its crystals to irritate the throat and stomach, and, in some, occasions so much vomiting as to render its continued use impossible.

Syrup of hydriodic acid is a good remedy in sub-acute rheumatism also, but is not so prompt in its action as in cases of the acute form.

I have tried it in chronic rheumatism, but cannot say that I have observed any good results. In some cases I use a lotion, as follows :

R.	Liq. plumbi subacetatis,	3 ij.
	Tincturæ arnicæ,	$\frac{3}{4}$ ij.
	Aquæ puræ,	$\frac{3}{4}$ vj.

M. Sig.—Add one part of the solution to three parts of hot water, and apply saturated flannels to the inflamed joints. It usually gives immediate relief. This solution is of a beautiful yellow color when properly prepared.\*

The following are a few of the numerous cases of successful treatment of acute inflammatory rheumatism by the use of the syrup of hydriodic acid :

CASE I.—On December 16, 1880, I was called to see Mary S., aged eight years, who was suffering from a very severe attack of acute rheumatism. The knees and ankles were very much swollen, and the pain was so excruciating that she could not bear the weight of a sheet to touch her legs. Protected them with a barrel-hoop cut in two and crossed. Prescribed syrup of hydriodic acid, in teaspoonful doses, every two hours. The pain was subdued within fifteen hours. Continued treatment for about a week. No relapse.

CASE II.—Mrs. E. P. R., aged thirty-five years, was seized with a chill on January 9, 1883. Began the use of the syrup of hydriodic acid on the 10th, and continued the treatment, in three-teaspoonful doses, diluted with water, until the 16th, when the patient was dismissed cured.

CASE III.—Mrs. C. F. C., aged thirty-nine. I was sent for on March 21, 1883, and found her suffering from acute rheumatism; prescribed the syrup in two-teaspoonful doses; continued treatment to the 29th, when I made my last visit, and found my patient dressed, sitting up, and free from pain.

CASE IV.—B. E., aged fifty-five, a merchant, has had rheumatism for many years. I attended him with a sub-acute attack on the 13th of January, 1884; left him on the 18th free of pain. The medicine was given in tablespoonful doses, every two hours, up to this time, when he was ordered to continue its use in smaller doses and at longer intervals for another week. On the 4th of April, 1885, I was called to attend him with a similar attack. Used the syrup. The pain was still severe on the 5th, so I used the lotion to his hand and knee, which gave immediate relief. The last visit was made on the 8th, at which time he was entirely free of pain and swelling.

CASE V.—Mrs. L. A., aged twenty-seven, was taken with a chill, followed with high fever, on the 21st of January, 1885. I was called on the 22d, and found her suffering with an attack of acute rheumatism, affecting both upper and lower extremities. As usual in such cases, prescribed the syrup in three-teaspoonful doses, every two hours, using the lotion as well. She was relieved in thirty-six hours, and was about the house in one week. Ten days

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\* The tincture of arnica should be made according to the United States Pharmacopœia, and not by using the fluid extract of arnica flowers and making a tincture by the addition of diluted alcohol, as this tincture makes an unsightly, dirty brown mixture.



after I made my last visit, her husband told me that she had had a relapse from imprudently sitting by an open window. Medicine was repeated, and in four or five days she was again free from pain.

CASE VI.—W. C., aged twelve years, of stout build, was seized with rheumatism in knee, ankle, and hand. Saw him for the first visit on February 20, 1885. I prescribed the syrup in two-teaspoonful doses, diluted in water (which should always be done); the otion was also used in this case. My last visit was made on the 28th, when I left him walking about the house.

CASE VII.—S. G. S., aged thirty-eight, clerk, was seized on the morning of the 15th of March, 1885. Commenced the use of the syrup on the evening of the same day; he was free of pain and swelling on the 16th, and went to his business on the 17th. He has had no return.

CASE VIII.—J. C., aged fifty-one, has had chronic rheumatism for more than twenty years. About the beginning of March, 1895, he was seized with a violent pain in right knee while walking, followed, after a few days, with heat and swelling. The affected knee was two inches larger in circumference than the other; the trouble was looked upon as a sprain for about three weeks, when rheumatism was suspected. Began the use of the syrup in tablespoonful doses in a gill of water; he felt relief after the second dose; treatment was continued every two or three hours until eight ounces of the syrup were taken, which removed all further trouble. No relapse.

CASE IX.—John L., aged forty, coachman, was taken down on May 4, 1885; his knees were very much swollen and very painful. He was given the syrup in tablespoonful doses every two hours, and was able to be around the house in four days and a half. He had a relapse on the 24th of the same month, caused by exposure, and was seized with a chill, and again used the syrup and lotion. Advised the syrup to be continued in decreasing doses and at longer intervals for a week or ten days.

CASE X.—J. F., aged forty, conductor. I was sent for on May 29, 1885, and found his right knee and left ankle swollen and very painful. He also complained of pain in his fingers and toes. The syrup was given, in tablespoonful doses, every two hours; the lotion was also used. He was free from pain within forty-eight hours. Dismissed him on the 3d of June, without pain or ache.

The following cases were kindly furnished me by my friend, DR. CONRAD WIENGES, of this city.

CASE I.—August 28, 1883—P. M., engineer, aged forty-nine; sub-acute rheumatism in both knees and ankles. Gave him two teaspoonfuls of syrup of hydriodic acid every three hours. Dismissed him September 3d, free from pain or ache. This patient had several attacks previous to this one, but was always confined to the house from four to six weeks.

CASE II.—June 16, 1884—Mrs. L., aged thirty-five; sub-acute rheumatism in the chest and right shoulder. Two teaspoonfuls of syrup of hydriodic acid every four hours. It relieved the pain entirely in twenty-four hours.

CASE III.—March 30, 1885—F. McC., nineteen years old; worker in tobacco factory; acute rheumatism in both knees and ankles. He was ordered two teaspoonfuls of syrup of hydriodic acid, every two hours, in a wineglass of

water. At my next visit, on the 31st, he could flex his knees and move the foot with comparative ease.

April 1st—The swelling had vanished, and the patient was sitting up when I called. He was dismissed on the 3d, cured, and resumed his occupation on the 3d of April.

CASE IV.—May 7, 1885—G. E. P., thirty years old; deckhand; acute rheumatism affecting his right shoulder and elbow. The pain was excruciating—so much so that one-fourth of a grain of morphine, every hour for four hours, was given to produce immediate relief. He took two-teaspoonful doses of hydriodic acid every two hours. At my next visit, sixteen hours later, the pain had almost disappeared, and he could move the arm with ease in any direction. On the 9th he was entirely free from pain, and was dismissed, cured, on the 11th.

The following cases were kindly furnished me by DR. BAUMANN, House Physician at the New Haven Hospital, New Haven, Conn.:

CASE I.—M. F. M., Irish, aged twenty-five; single; painter. Was attacked April 24, 1885, with acute rheumatism in the ankles and knees, and on the 25th it extended to his shoulders, elbows, and wrists. Entered hospital this day; temperature 103° F. The pain was so severe that the slightest movement caused great distress. No cardiac lesions. Ordered syrup of hydriodic acid, one teaspoonful, every two hours.

28th—Patient has improved greatly. Temperature 100°; joints not so painful.

29th—Improvement continues. Patient got up to-day.

May 4th—He is up and around the wards, and has no pain in his joints. Treatment continued.

5th—Discharged cured.

CASE II.—P. M., aged twenty-two years. Has been under treatment in the surgical wards since April 28th for gluteal abscess. He had an attack of rheumatism in both wrists and hands, and pain in the chest and back. The pain and swelling was so severe that he could not bear to be touched. Temperature 100°. Ordered salicin, grains xx, every three hours, and sodii bicarb., 3 ss, every three hours.

May 30th—No marked improvement, and was transferred to medical wards. Salicin was stopped, and he was given syrup of hydriodic acid, two teaspoonfuls every two hours. Temperature 101·6°. Morphine, hypodermically, had to be administered during the night on account of severe pain.

31st—Pain diminished; morphine not required. Temperature 101·2°

June 1st—Patient slept well without the use of anodynes. Fingers could be moved without pain, but the chest was still painful.

2d—Patient comfortable; all pain and inflammation have disappeared. He fed himself for the first time to-day. Temperature 100°.

5th—He was transferred to a surgical ward, and syrup stopped.

8th—Temperature rose to 100·3°, and another attack threatened. He was given the syrup in the same doses. Next day temperature fell to normal. The syrup was continued a week, and then gradually diminished and stopped.



*Remarks.*—The patient had previously had several attacks of rheumatism, each lasting from two to four weeks. He had a mitral regurgitant murmur on admission.

The syrup was tried in a number of sub-acute cases with good results, but was unsuccessful in chronic cases.

I hope that I have thus been able to impress upon the minds of my readers the fact that, by the use of the syrup of hydriodic acid in cases of acute inflammatory rheumatism, our results will be far more satisfactory, and our cases less tedious and uncertain."

*From the New York Medical Journal, August 8, 1885.*

## GARDNER'S SYRUP HYDRIODIC ACID

IN

Lupus, Chronic Bronchitis, and Chronic Malarial Poisoning.

"THERAPEUTIC VALUE OF GARDNER'S SYRUP OF HYDRIODIC ACID."

In the above communication to the *Medical Summary*, March, 1885, p. 10, by W. H. Bentley, M.D., LL.D., Cold Spring, Woodstock P. O., Ky., after summing up the various therapeutic advantages of iodine, and discussing the acrid and escharotic properties of it in substance, and the disadvantages of the iodides in many cases, from the objectionable character of the base in chemical combination with it, and lastly, of the advantages of hydriodic acid, whereby the system might be brought under the influence of iodine without most of the objectionable features spoken of, he says: "But here a new difficulty presented itself, growing out of and dependent upon the inherent instability of the hydriodic acid itself, for the pure hydriodic acid cannot be preserved in an undeteriorated state through any considerable length of time.

For this reason hydriodic acid was dismissed from the U. S. P. in 1870. It remained, however, for the chemist R. W. Gardner, of 158 William St., N. Y., to overcome all the difficulties in regard to the unstable character of hydriodic acid (which he did in 1878), and to place this valuable therapeutic agent in the hands of the medical profession in an available and convenient form. This he has accomplished in the form of a permanent syrup, in which the acid is thoroughly preserved in its original purity for an indefinite period of time. I have tested its permanency in several ways, and found it stable.

I now have a small sample, which I have kept in a salt-mouthed vial on a shelf in my office for ten months, protected only by a very thin bit of cloth tied over the mouth of the vial to keep out dust and insects. I can detect no change in the syrup at this writing. This appears strange when we remember that hydriodic acid cannot be preserved by simply mixing it with syrup.

Gardner's Syrup of Hydriodic Acid resembles lemon syrup in taste, and is therefore easy of administration. It should never be combined with any other drug.

Since March, 1884, I have used the syrup of hydriodic acid rather extensively in my practice, and consider it a prompt and efficient alternative.



I used it first in a case of lupus of two years' standing.

It was situated on the anterior aspect of the left leg, midway between the knee and ankle joints, nearly circular in form and a little more than two inches in diameter.

The patient was a light complected, nervous little woman, thirty-two years old, and was, at the same time, suffering from both dysmenorrhœa and leucorrhœa. Besides local measures, I prescribed the internal use of the above syrup, at first in drachm doses four times daily. The doses were gradually increased to twice that amount. Improvement was immediate and rapid. I treated the case seven weeks. At the expiration of that time, that ulcerated surface was about the size of a twenty-five cent coin, and the patient in all other respects well. She then returned to her home in Kansas, and I lost sight of the case. [I have recently (Nov. 2d, 1885) received a letter from this patient, stating that she is entirely well.]

I commenced this case April 15th, 1884. May 20th, 1884, prescribed syrup of hydriodic acid for Mr. B., a well-to-do farmer, æt. 54, who had been suffering with a distressing cough from chronic bronchitis for the past twenty-two years, the result of relapse from measles. During the last ten years a gradually increasing asthma had complicated the case. Most of the time he had been under the care of some physician or some quack.

The Pierces, Van Meters, and other rascals of that ilk had, during the last few years, fleeced him of hundreds of dollars. All had proved unavailing; he had all the time grown gradually worse.

At my visit I regulated his bowels, and put him upon syrup of hydriodic acid.

He began to improve immediately, and by the middle of the ensuing August was apparently well, and still remains so.

July 2d, 1884, J. C. applied to me for treatment. He had, for the past eight years, resided in a malarious district of Texas. During the past seven years he had been the victim of chronic intermittent fever; unless when under the influence of quinine or some other potent drug, he had one chill every day, some days two. They would cease for a few days when taking medicine, to resume again as soon as the influence of the medicine had passed away. When examined, his bowels were confined, liver torpid, and spleen greatly enlarged and much indurated. He looked bloodless, and his skin was waxy and of an ashen hue.

I went to work, regulated his bowels and stopped his chill with large doses of dextro-quinine and hypophosphite of soda. I then gave him a supply of syrup of hydriodic acid and a strong solution of quinine, ten grains to the dose.

I put him on the syrup, two-teaspoonful doses three times a day for six days. On the seventh day he got three doses of quinine and no syrup. From the eighth he had his syrup as before, until the next seventh day.

Then the quinine as before, thus alternating until the fifty-sixth day. Then for a month the syrup in diminishing doses till a pint was used, never going below teaspoonful doses. He got well of all his diseases, and so remains at this writing—Feb. 20th, 1885—although he has been exposed to much inclement weather since. Syrup of hydriodic acid has in my hands proved of the greatest benefit in the scrofulous and cutaneous diseases of children; also in mercurio-syphilitic rheumatism.

## HYDRIODIC ACID IN SYPHILIS.

In noticing an article by Dr. Judkins in *N. Y. Medical Record*, the editor of the *Medical World* writes: "We have been prescribing this in the form of Gardner's Syrup of Hydriodic Acid for the past three years, with much benefit in idiopathic asthma, and also in syphilis; in the latter diseases it acts satisfactorily when iodide potassium seems to fail."—*Medical World*, May, 1885, p. 163.

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*From the Med. Summary, June, 1885, p. 57.*

## TWELVE CASES OF PHTHISIS PULMONALIS, TREATED WITH THE HYPOPHOSPHITES.

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By W. H. BENTLEY, M.D., LL.D., Cold Spring, Woodstock P. O., Ky.

I have been engaged in the practice of medicine for more than a quarter of a century. During this period my efforts to manage disease and relieve my patients have been crowned with reasonable success, and been, as a rule, very satisfactory. This has not been the case, however, in the treatment of pulmonary consumption. In this disease, most of my patients succumbed. Cures were the exception, death the rule. Even then my success was equal to that of any of my neighboring physicians in similar cases—better than that of many—yet I was not satisfied. I all the while felt that there should be, and really was, a better method of treating the disease than I had pursued—better remedies than I had prescribed.

The trouble with me was, I did not know them, and did not know how I was to find them out. I sought information in all directions and from every supposed available source. I tried all the remedies and plans popular with the profession, but to lay them aside, leaving me disappointed and sometimes disgusted.

Under the stimulus of such names as F. Hughes Bennett and C. J. B. Williams, I stuck to that huge delusion, Cod Liver Oil, carefully testing its therapeutic properties, during a period of five years. This experience of Cod Liver Oil in consumption of the lungs was sufficient. I never could find a good result from its use. On the contrary, its interference with digestion and appetite, and its tendency, likewise, to interfere with elimination of morbid matter, and to create fever and fatty degeneration, are sufficient, in my views, to *positively* contraindicate its use. I never saw any good result from arsenic, and iron is nearly always mischievous. Alcoholic stimulants nearly always do harm, and the extract of malt rarely does good. Soured milk (koumis) is positively unworthy of notice.

After the brilliant results obtained by Dr. J. F. Churchill in the Parisian hospitals under the use of the hypophosphites, it seemed that the key to the successful treatment of phthisis pulmonalis had at last been found. High hopes were engendered in the minds of physicians in regard to the treatment



and cure of the disease. These hopes, however, were doomed to many disappointments. These disappointments arose from several different causes.

First—Many manufacturing chemists, either through ignorance or through carelessness, fail to produce chemically pure salts, and the hypophosphites, to be available, must be absolutely chemically pure.

Second—The hypophosphites, as salts, are easily and rapidly injured by age. Nearly all the commercial hypophosphites are worthless either from age or defective preparation. The writer recently tested eleven samples, purchased at random, all of which were found unfit for use.

To be suitable for exhibition in phthisis, the hypophosphites should be entirely pure, and they should be incorporated into a syrup as soon as manufactured. Many of the syrups of the hypophosphites on the market are prepared from imported salts for the sake of economy. In most cases these salts, if ever pure, have deteriorated by age, hence the prescriber may look for disappointment.

Third—Manufacturers have mostly furnished syrups composed of from two to half a dozen different hypophosphite salts, and we physicians have frequently been so inconsiderate as to prescribe them. At any rate, I have, and I have known many other physicians to act equally as unwisely. We did not stop to consider the different actions of the various bases of these salts, as lime, potash, soda, iron, etc., upon the human system, and thus we prescribe a compound of heterogeneous and contradictory constituents, the constituents antagonizing one another. Yet, we would laugh at the fellow who would attempt to lift himself over the fence by the straps of his boots.

Fourth—When the physician prescribed these preparations with due regard to the physiological effect of each, he was frequently unable, from the great distance intervening between him and his patient, to give the case the necessary attention. Thus, the prescribed dose might have been too small or, what is more usual, too large, or the patient might have an intercurrent attack of some other disease. The last category is quite frequent. One of the great elements of Dr. Churchill's success was due to his continued oversight of his cases, his patients being mostly in hospital. Prior to December, 1883, I had not entertained the views here expressed in regard to the hypophosphites.

Through the winter of 1883-84 I devoted all my available time to the study of the disease, reviewing, with great care, the various theories respecting its etiology, pathology, and treatment.

The result was, a determination to thoroughly test the "hypophosphite treatment." Dr. J. F. Churchill was the originator of this treatment, and it was on the plan pursued by him and his illustrious pupil, the late Dr. L. De Bremeon, that I resolved to conduct my experiments.

I opened a correspondence with R. W. Gardner, pharmaceutical chemist, 158 William Street, New York, and by April 1st, 1884, was in possession of a liberal supply of his various chemically pure hypophosphite syrups. With these I at once set to work. Before the close of the year (1884) I had treated twelve cases of known consumption of the lungs, mostly taken from the cases of other physicians.

Of this number four died and eight recovered.

These eight are all alive and well to-day (May, 1885). [Still so, Nov. 25, '85.]

Three of the cured cases were in the excavation stage.

I kept notes of all these cases, and had written out a history of each to accompany this paper, but I find that these reports would fill a space twice the size of one number of the *Summary*, and hence, interesting as it might be to both the writer and the readers, the publication of this matter must be deferred.

I have still continued to use the remedies with equal success up to this time.

The results of my experiments may be briefly summed up as follows :

1. Nearly all cases of phthisis pulmonalis can be cured by the hypophosphites, if taken in time and properly managed.

2. But one of these salts (used in syrup) should be given at a time. By this I mean to say, never give a compound syrup, or other preparation containing more than one of these salts.

3. I have found but two of the salts, namely, the hypophosphite of lime and the hypophosphite of soda, necessary or even appropriate in phthisis.

4. Watch the cases closely, and be sure to not go beyond what Dr. Churchill calls the physiogenic action.

When symptoms of "overdosing" present, suspend the remedy for a few days, and resume in diminished doses.

5. Treat any complications that may arise according to indications."

In a letter received from Dr. Bentley, dated Nov. 8th, 1885, he writes : "Thus far I have treated thirty cases during this year (1885); twenty have gotten well and have been dismissed 'cured.' Eight of the remaining cases will get well; one, an old lady, æt. 69, will die, and another may die. I am sure the hypophosphites are the proper medicines in consumption, but their use requires care and sound judgment."

Dr. Bentley writes me, November 28, as follows :

COLD SPRING, WOODSTOCK P. O., KY.,  
November 28, 1885.

R. W. GARDNER, *Pharm. Chemist*,

158 William Street, New York :

MY DEAR SIR : In a communication to you under date November 8, 1885, I stated that I had treated thirty cases of consumption with your Syrups of the Hypophosphites during the year; that twenty had been dismissed "cured," that eight of the remaining cases would get well, that an old lady aged sixty-nine would die, and that another case might die.

Well, the old lady, Mrs. H., did die on the 15th inst. I considered her case incurable at my first visit, July 20, 1885. She was a tall, lean, thin, and dark visaged old lady of highly nervous and excitable temperament, and had been confined to her room, and most of the time to her bed, for ten months. There was an entire absence of appetite; all she had eaten for some months had to be, as she expressed it, "forced down." In other words, she had no relish for food. She had diarrhœa, her food being passed in nearly the same state in which it had been swallowed. She had had several severe pulmonary hæmorrhages; her tongue was fiery red; there were exhausting night sweats; and her weak, thready pulse beat at 150 per minute.

Auscultation revealed purulent cavities in both lungs, and her cough was almost continuous. She raised, from her lungs, large quantities of purulent



matter. Her husband, a chaffy, conceited old fellow, who had read a part of Gunn's "Domestic Medicine," and, withal, been an army hospital nurse, had been her physician. She had used gallons of whiskey and "bitters," to say nothing of Slocum's thirty dollar invoice of *his* miserable nostrum.

I prescribed Gardner's Syrup Hypophosphite of Lime before meals and Parke, Davis & Co.'s Lactated Pepsin after meals. The patient rallied, and was able to be about the house. Late in October, she attempted to bring some dried fruit from a scaffold in the yard. This resulted in fatigue and a severe "wetting," for a heavy rain fell during the time. She relapsed and gradually sank until death occurred, as stated, on the 15th of November.

The other patient, alluded to as one that "may die," has so far recovered as to attend regularly to her household duties. She has nearly her usual strength, and has regained her normal weight with an addition. Her cough has also quite ceased.

This case is so remarkable that I desire to give you the details, which I wish you to incorporate in your forthcoming pamphlet, even at the expense of space.

Mrs. A., married, æt. 38, is the mother of four children, the eldest twelve years old, the youngest four. Since the last birth, the mother has been in ill health, the first troubles being amenorrhœa and leuchorrhœa. In January, 1884, she began to cough, the cough being more troublesome on retiring at night and arising in the morning. The expectoration was scant and a kind of "frothy mucus," as described. In March, 1884, she had hæmoptysis, afterward frequently repeated. Her father-in-law was a self-constituted doctor, who had not even read "Gunn." He assumed charge of the case, and gave her gallons of whiskey bitters, the "roots and yerbs," as he called them, being a medley of nearly everything bitter and repulsive that the forest afforded. Of course this was wholly unavailing. In the winter of 1884-85 she fell in with the advertisement of some city sharper, who said, "I cure consumption," and got fleeced to the tune of forty dollars. Seeing that she grew rapidly worse under the use of this unscrupulous swindler's "stump-water," or whatever it was, she abandoned its use. In March, 1885, she had an attack of intermittent fever in the regular daily "shaking ague" variety. She then called in an ignorant Swede, whose meagre medication was of the Homœopathic "persuasion." He treated the case, without benefit, until August 1, 1885. On that day I was called to the case.

I found about the following conditions :

Bowels extremely irritable, every morsel swallowed acting as rapidly as a brisk cathartic. Tongue fiery red and *creased* toward the base; tip sharp and pointed—thickened vertically; pulse 140, and quite weak. (Did not take temperature.) Daily "shake" from intermittent fever. The fever generally went off by a sweat about two o'clock P. M., and there was likewise a profuse colliquative sweat at night.

*Leuchorrhœa* very profuse and extremely offensive, necessitating semi-daily change of linen; patient extremely weak—could not sit up alone.

*Lungs*.—Percussion sounds extremely dull—amounting to only a mere "thud." Auscultation: The breathing was chiefly bronchial, vesicular murmur nearly inaudible. In left supra-mammary region, over a circular space about an inch in diameter, both inspiration and expiration gave a

muffled, blubbery sound, revealing a large abscess filled with pus. On the right, exactly corresponding in position, was a similar sound, covering a circular space the size of a silver dime. Over the left posterior surface there was bronchophony, and over the right, egophony. Expectoration was alarmingly profuse.

Pulmonary consumption in the excavation stage was my diagnosis in this branch of the case, and my prognosis was—"INCURABLE."

My first treatment was directed toward the intermittent, the indigestion, and the leucorrhœa, giving only an anodyne cough mixture for the lung trouble. By the end of the tenth day the three first were controlled, and I then gave my attention to the pulmonary difficulty. I prescribed Gardner's Syrup Hypophosphite of Lime, in dessert-spoonful doses, during the ensuing ten days, to be taken after meals—continuing the cough mixture, so as to control violent paroxysms of coughing, to which she was subject. After ten days of this treatment, the doses of syrup were reduced one-fourth. She improved continually and rapidly. I saw her on the 27th inst., November, 1885, and she is to all appearances well. Her appetite and digestion are both good, bowels regular, no cough, and her weight is greater by a few pounds than ever before.

She says: "I am not quite so strong as I was before my sickness, and I am a little short of breath in going up hill or up stairs." I give her words.

I feel that in placing your "chemically pure syrups" in the hands of the medical profession, you are a real benefactor, and I want to aid in bringing them into general use.

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## HISTORY OF A CASE OF PHTHISIS

TREATED BY DR. CHURCHILL'S METHOD.

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By J. C. WILLSON, M.D., Morley, N. Y.

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Was called to attend Mrs. L. in premature childbirth, Jan. 26, 1885. Had never seen this woman before. Was requested to examine her lungs on Feb. 1st. At this time she was greatly emaciated, had an exceedingly bad cough, no appetite; sleepless nights on account of cough. She told me that she had been coughing for over a year, and had gone through the usual treatment for phthisis and been "given up" by several physicians.

My examination showed excavation occupying nearly the whole left lung, slight dulness over and just below right clavicle; *other signs normal in right lung*. At this time, Feb. 1st, there was, as mentioned, extreme emaciation, profuse expectoration of a muco-purulent character, no rigors or night sweats, some fever, with loss of appetite and extreme prostration. One-eighth grain doses of morphine at night were given at this time, which allowed some rest from the harassing cough. Hypophosphite of soda (Gardner's syrup) was commenced in dessert-spoonful doses, three times a day.



February 9.—Considerable improvement in the strength of the patient, but no gain of appetite, and the morphia was taken away from this day—patient passed two dreadful nights, but on the third day appetite returned, and she has had a good one every since, to date, June 26th, 1885.

February 14.—Says cough and expectoration are less, is stronger, able to sit up in a chair for an hour or two, sleeps well, appetite good—same treatment.

February 20.—Gaining in strength, but otherwise no change—cough and expectoration same as at last visit.

February 26.—No change in symptoms, and this day syrup hypophos. lime was substituted for that of soda, dessert-spoonful doses.

March 1.—Found her in a greatly improved condition as to strength—able to sit up all day and take considerable exercise about the house; cough and expectoration much less, no great gain in weight.

April 1.—There seems to have been a steady gain in all symptoms since date of last visit, though no increase in weight. Treatment, hypophos. lime (Gardner's syrup) in one-teaspoonful doses three times a day.

June 26th, 1885.—Examination of the lungs to-day shows continued excavation of left lung, no abnormal signs about the right lung, all dulness having disappeared.

## RESULTS OF TREATMENT.

Nearly entire cessation of general symptoms, though, having been from childhood frail, I could not hope to make a strong woman of her. She now goes some distance away, and will be for some time out of my observation; she is directed to continue the same treatment, viz., teaspoonful doses of Syrup Hypophosphite of Lime three times a day. She has within the last two weeks gained several pounds in weight, and has some courage, the lack of which has been a sad drawback all through the treatment of the case."

Dr. Willson also writes June 26th, 1885 :

"I am greatly pleased with results obtained from the treatment of a number of cases of phthisis with the Syrup of Hypophosphite of Lime and that of Soda, but being located in the country, the other cases were such that I could give no connected history of them. Several cases of phthisis in the first stage have come under my observation in the last few months, and in every case there has been *no failure* so far as I could learn, and at any rate there was such great improvement at once, that most of them went from my care, apparently cured."

"I have used your Syrup of Hydriodic Acid now for some months, and have been agreeably surprised at its success in treatment of asthmatic cases."

## LIST OF GARDNER'S SPECIAL PHARMACEUTICAL PREPARATIONS.

---

- Gardner's Syrup of Hypophosphite of Lime,**  
20 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphite of Soda,**  
20 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphite of Iron,**  
4 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphite of Potassa,**  
16 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphite of Manganese,**  
4 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphites of Lime and Soda,**  
20 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphites of Iron and Quinia,**  
4 grains Iron and 1 grain Quinia in one fluid ounce.
- Gardner's Syrup of Hypophosphites of Lime, Soda, and Potassa,**  
17 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphites of Lime, Soda, and Iron,**  
17 grains in one fluid ounce.
- Gardner's Syrup of Hypophosphites of Lime, Soda, Iron, and Potassa,**  
17 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphite of Lime,**  
20 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphite of Soda,**  
20 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphite of Iron,**  
4 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphite of Potassa,**  
16 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphite of Quinia,**  
8 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphites of Lime and Soda,**  
20 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphites of Lime, Soda, and Iron,**  
17 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphites of Lime, Soda, and Potassa,**  
17 grains in one fluid ounce.
- Gardner's Elixir of Hypophosphites of Lime, Soda, Iron, and Potassa,**  
17 grains in one fluid ounce.
- Gardner's Syrup of Hydriodic Acid (unalterable),**  
6.66 grains Iodine in one fluid ounce.
- Gardner's Solution of Ferrous Nitrate (unalterable),**  
26 grains in one fluid ounce.

PREPARED BY ROBERT W. GARDNER,

Pharmaceutical Chemist, New York.

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*The writer is pained to be compelled in self-defence to utter these public cautions.*

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*Should this meet the eye of any Physician who has not yet received the pamphlet entitled "Hydriodic Acid, etc., 3d Edition, Nov., 1884," containing details, culled from Medical Journals, of remarkable instances of successful treatment of Hay Fever, Asthma, Bronchitis, etc. (64 pages), it will be promptly sent, free of charge, upon notification to the undersigned.*

*Respectfully,*

R. W. Gardner.

158 William Street, New York City.







